

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <b>POPE FOR CONGRESS</b>			
<b>ADDRESS</b> (number and street) PO BOX 11711			
<b>CITY</b> ROCK HILL	<b>STATE</b> SC	<b>ZIP CODE</b> 29731	
<b>2. NAME OF CANDIDATE</b> POPE, TOMMY, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House SC 05	
<b>4. FEC IDENTIFICATION NUMBER</b> C00632505			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

  

<b>A. FULL NAME</b> <b>ACKERMAN, BERNARD, , ,</b>	Name of Employer Self Employed	Date (month, day, year) 05/11/2017	Amount 1000.00
<b>MAILING ADDRESS</b> 2802 INLET SHORE DR	<b>Transaction ID : F6.6317</b>		
<b>CITY</b> FORT	<b>STATE</b> SC	<b>ZIP CODE</b> 29708	Occupation Accountant
<b>B. FULL NAME</b> <b>ALLEN, FRED, , ,</b>	Name of Employer SELF EMPLOYED	Date (month, day, year) 05/11/2017	Amount 1000.00
<b>MAILING ADDRESS</b> 38 MAHALO LANE	<b>Transaction ID : F6.6318</b>		
<b>CITY</b> COLUMBIA	<b>STATE</b> SC	<b>ZIP CODE</b> 29204	Occupation Government Relations Consultant
<b>C. FULL NAME</b> <b>BARBER, JOHN, , ,</b>	Name of Employer ACCOUNTANT	Date (month, day, year) 05/11/2017	Amount 1000.00
<b>MAILING ADDRESS</b> 12 CATESWOOD DR	<b>Transaction ID : F6.6319</b>		
<b>CITY</b> SPARTANBURG	<b>STATE</b> SC	<b>ZIP CODE</b> 29302	Occupation WHITE OAK MANAGEMENT
<b>D. FULL NAME</b> <b>CARR, LOR, , ,</b>	Name of Employer INFORMATION REQUESTED	Date (month, day, year) 05/11/2017	Amount 2500.00
<b>MAILING ADDRESS</b> 722 OLD PLANK RD	<b>Transaction ID : F6.6320</b>		
<b>CITY</b> RIDGE SPRING	<b>STATE</b> SC	<b>ZIP CODE</b> 29129	Occupation INFORMATION REQUESTED
<b>E. FULL NAME</b> <b>FLEMMING, JASON, , ,</b>	Name of Employer SAFECO INSURANCE	Date (month, day, year) 05/11/2017	Amount 2500.00
<b>MAILING ADDRESS</b> 2318 BERMUDA HILLS RD	<b>Transaction ID : F6.6321</b>		
<b>CITY</b> COLUMBIA	<b>STATE</b> SC	<b>ZIP CODE</b> 29223	Occupation INSURANCE AGENT
<b>SIGNATURE (optional)</b> SIMPSON, FRANK, , ,		<b>DATE</b> 05/12/2017	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 03/2016)

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<b>4. FEC IDENTIFICATION NUMBER</b> C00632505		<i><b>continuation page</b></i>	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>FURR, OLIN F., , ,</b>  P.O. BOX 2909  MYRTLE BEACH SC 29578	FURR & HENSHAW  <b>Transaction ID : F6.6313</b> Occupation ATTORNEY	05/10/2017	1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>GIESE, KEITH, , ,</b>  213 ALEXANDER CIR  COLUMBIA SC 29206	Name of Employer SELF EMPLOYED  <b>Transaction ID : F6.6322</b> Occupation ATTORNEY	05/11/2017	2700.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>HERBKERSMAN, WILLIAM, , ,</b>  896 MAY RIVER RD  BLUFFTON SC 29910	Name of Employer STATE OF SOUTH CAROLINA  <b>Transaction ID : F6.6323</b> Occupation REPRESENTATIVE	05/11/2017	1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>PHILLIPS, ROBERT, , ,</b>  1539 HEALTH CARE DR  ROCK HILL SC 29732	Name of Employer MHF  <b>Transaction ID : F6.6326</b> Occupation Attorney	05/11/2017	1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>SCHLEMMER, PAUL, , ,</b>  68-41 FLEET STREET  FOREST HILLS NY 11375	Name of Employer The Schlemmer Firm  <b>Transaction ID : F6.6314</b> Occupation Attorney	05/10/2017	1000.00

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>STROM, PETE, , ,</b>  2110 NORTH BELTLINE BLVD.  COLUMBIA SC 29204	Strom Law Firm LLC  <b>Transaction ID : F6.6315</b> Occupation Attorney	05/10/2017	1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>WESTBROOK, THAD, , ,</b>  1320 MAIN STREET  COLUMBIA SC 29211	Nelson Mullins  <b>Transaction ID : F6.6316</b> Occupation Attorney	05/10/2017	2700.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>MAJORITY COMMITTEE PAC--MC PAC</b>  PO BOX 10134  BAKERSFIELD CA 93389	Name of Employer  <b>Transaction ID : F6.6324</b> Occupation	05/11/2017	5000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>MCGUIREWOODS LLP</b>  ONE JAMES CENTER 901 E. CARY STREET RICHMOND VA 23219	Name of Employer  <b>Transaction ID : F6.6325</b> Occupation	05/11/2017	1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> <b>SOUTH CAROLINA FARM BUREAU FEDERATION POLITICAL ACTION COMMITTEE</b> 724 KNOX ABBOTT DRIVE  CAYCE SC 29033	Name of Employer  <b>Transaction ID : F6.6328</b> Occupation	05/11/2017	1000.00

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<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>  POPE, TOMMY, , ,  PO BOX 11711  ROCK HILL SC 29731	Name of Employer ELROD POPE LAW FIRM  <b>Transaction ID : F6.6327</b> Occupation PARTNER	Date (month, day, year)  05/11/2017	Amount  20000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount